

Strengthening routine immunization

Key lessons from **data systems**

The Gates Foundation launched the Routine Immunization Strengthening Program (RISP) in 2019 to improve routine immunization (RI) in subnational areas with low immunization coverage and high risk of polio transmission. From 2023 to 2026, the RISP Learning Consortium (LC) synthesized evidence across RISP countries to foster cross-country learning, identify lessons from different implementation approaches, and generate practical evidence to inform future immunization policies, programs, and investments.

KEY LESSONS

▶ **Data systems introduced in humanitarian settings filled critical gaps where no systems existed or where health management information systems (HMIS) data were insufficient, enabling effective program monitoring and performance management.**

Afghanistan, Somalia

▶ **An important innovation was the collection of timely service delivery and community-level data in humanitarian settings to enable program adaptations and more timely resolution of operational bottlenecks.**

In humanitarian settings, data collected during supervision visits, daily activity reporting, and outreach immunization sessions provided actionable insights into the root causes of low immunization coverage, which enabled more effective performance management.

Afghanistan, Somalia

▶ **Dedicated data partners improved program performance by generating data, institutionalizing review processes, and strengthening partners' capacity to analyze and use the data.**

Through accessible dashboards, performance scorecards, on-the-job training, and regular data review meetings, partners were better able to identify implementation challenges, improve data quality, and take timely, coordinated actions.

Afghanistan, Democratic Republic of the Congo (DRC), Pakistan, Somalia

▶ **Developing data systems outside government structures led to data ownership challenges as government engagement increased.**

Afghanistan, DRC, Somalia

▶ **Monitoring systems are most effective when embedded within existing routines, implemented by trusted local actors, and supported by structures that promote constructive use of data for problem-solving rather than punitive accountability.**

Externally driven, verification-focused approaches—particularly those tied to performance-based incentives—can undermine trust, distort behaviors, and compromise data quality.

Afghanistan, DRC, Pakistan, Somalia



ROUTINE IMMUNIZATION
STRENGTHENING PROGRAM
LEARNING CONSORTIUM

BACKGROUND

These lessons examine data investments that have strengthened RI program monitoring and performance management across two types of RISP settings: (1) those investing in government-led systems to increase subnational coverage and (2) those addressing service delivery gaps by working directly with humanitarian actors and partners in conflict- and insecurity-affected contexts.

Building on prior work that cataloged data collected in RISP humanitarian settings, these lessons explore how investments in data partners have expanded the use of frequent—and, in some cases, real-time—data at subnational and frontline levels. The analysis draws on experiences from Afghanistan, the DRC, Pakistan, and Somalia, covering activities implemented between 2019 and 2026.

COUNTRY	DATA PARTNER, PERIOD, GEOGRAPHIC FOCUS	DESCRIPTION
AFGHANISTAN	Acasus (2019–present) Helmand, Kandahar, and Urozgan provinces	Acasus launched remote monitoring for 100 nongovernmental organization (NGO)-operated health facilities delivering the Basic Package of Health Services in largely inaccessible southern and eastern provinces at project start in 2019. With funding from Gavi, the Vaccine Alliance, the approach scaled to near-nationwide coverage.
DRC	Acasus (2019–present) Haut Lomani and Tanganyika provinces Acasus (2022–present) Lualaba Province	Acasus supports the Mashako Plan’s real-time monitoring system through routine supervision of health zones and facilities. The Gestion PEV app enables supervisors to collect data on six indicators used to generate a composite performance score, with monthly scorecards ranking provinces and health zones based on performance and improvement.
PAKISTAN	Acasus (2020–present) Balochistan and Khyber Pakhtunkhwa (KP) provinces Tameer-e-Khalaq Foundation (TKF) (2022) Sindh Province Impetus Advisory Group (2022–present) Sindh Province	In Balochistan and KP, Acasus supported the Internal Monitoring Unit to strengthen its supervision tool and provided targeted facility-level support to improve RI coverage in super high-risk union councils. In 2022, TKF worked in Sindh to enhance Expanded Programme on Immunization (EPI) supervision quality and data use. Soon after, Impetus introduced accountability routines at the town level, bringing vaccinators and town-level staff together to review process and outcome data and identify challenges that could be addressed jointly, as well as those that needed to be escalated.
SOMALIA	Acasus (2023–2025) Galmudug, Hirshabelle, and Jubaland regions Health-E-Net/HISP Tanzania (2025–present) Galmudug, Hirshabelle, and Jubaland regions	From 2023–2025, Acasus established a routine monitoring system to support implementation of the Far-Reaching Integrated Delivery (FARID) health camp model in areas inaccessible to government vaccinators due to Al-Shabab control. Starting in 2025, data systems support transitioned to Health-E-Net to digitize paper reports for faster entry into DHIS2 and to HISP Tanzania to enable DHIS2 system updates for integrating health camp data.

Immunization program monitoring support focused on collecting real-time data not typically captured in national systems (e.g., DHIS2), alongside performance management routines to support data-driven program improvement. Key activities are summarized in the table below.

ACTIVITIES	DESCRIPTION	GEOGRAPHIES
HEALTH FACILITY MONITORING	Service-delivery data are collected during routine supportive supervision visits conducted by EPI supervisors (government staff or personnel hired by implementing NGO partners and trained by Acasus). Data are captured using a standardized mobile application checklist to identify facility-level drivers of low immunization coverage (vaccine stock availability, cold chain functionality, and the presence of trained vaccinators).	Afghanistan, DRC, Pakistan, Somalia*
OUTREACH MONITORING	Vaccinators use mobile devices to capture the locations of outreach immunization visits and the number of children reached during each session. These data generate information on communities served, verifying that priority populations, such as those residing more than 2 kilometers from the nearest health facility, are reached with vaccination services.	Afghanistan, Somalia
COMMUNITY COVERAGE AND DEMAND SURVEYS	Following facility supervision visits, EPI supervisors conduct household coverage surveys in selected communities to identify low-coverage hotspots, zero-dose children, and defaulters. These surveys capture reasons for non-vaccination to better understand demand-side barriers.	Afghanistan, Somalia
CLIENT EXIT SURVEYS	Community health committees conduct exit surveys among a sample of clients visiting a health camp to assess satisfaction with the services received.	Somalia
AUTOMATED REPORTS, SCORECARDS, AND DATA DASHBOARDS	Data are uploaded in real time to an Acasus-managed dashboard, with charts and visualizations to enable the timely identification of operational challenges and corrective action by program implementers. Automated reports and performance scorecards provide performance summaries and insights into factors undermining immunization performance.	Afghanistan, DRC, Pakistan, Somalia
PERFORMANCE MANAGEMENT ROUTINES	Acasus strengthened capacity for data-driven immunization program management through routine data review meetings, coaching, on-the-job training, and moderated WhatsApp groups that supported EPI stakeholders in interpreting and using data. These efforts reinforced accountability among government stakeholders and program implementers to identify challenges and implement corrective actions.	Afghanistan, DRC, Pakistan, Somalia

**In Somalia, insights stem from data collected about the data system designed and managed by Acasus from 2023–2025. In 2025, FARID transitioned to a new system managed by Health-E-Net and is currently transitioning away from that to a fully DHIS2-based system. Insights related to those systems are not included here.*

STRENGTH OF EVIDENCE

The RISP LC applied a strength-of-evidence rating (strong/moderate/limited) to each finding, reflecting the level of convergence across sources:

STRENGTH OF EVIDENCE: **STRONG**

- Clear convergence across multiple, diverse sources; rich and credible evidence supporting program theory; minimal uncertainty.

STRENGTH OF EVIDENCE: **MODERATE**

- Partial convergence or convergence within a smaller set of data sources; theory-supported with some remaining uncertainty.

STRENGTH OF EVIDENCE: **LIMITED**

- Mixed or inconsistent signals; lower information power; exploratory interpretations.

LESSON 1

Data systems introduced in humanitarian settings filled critical gaps where no systems existed or HMIS data were insufficient, enabling effective program monitoring and performance management.

Afghanistan, Somalia

STRENGTH OF EVIDENCE: **STRONG**

A dedicated data partner was critical for providing timely visibility into immunization performance, particularly in areas beyond government reach.

“Back in 2019, before the transition, we had some inaccessible areas in the Southern Region, so we needed to have remote monitoring.” —Technical partner in Afghanistan

- In Somalia, implementing partners (IPs) reported vaccination data into DHIS2, but because these data were aggregated with data from non-supported facilities, it was difficult to isolate FARID-specific performance. Bringing partners onto one shared data system made it possible to track FARID performance across partners and geographies. In addition, as of early 2026, FARID introduced a results framework that could enable performance tracking against common indicators.
- Respondents in Somalia noted that although each IP maintained its own monitoring system, Acasus played a key role in consolidating data across partners and leading data reviews—providing a comprehensive view of performance and enabling coordinated, data-driven responses. With the vision for sustainability, there has been a shift toward IPs taking greater ownership of data analysis and review to inform decision-making.

“Having an organization like Acasus, it was really critical at the time because in the geography where the project was being implemented, we had a lot of shortage of information.”

—International NGO partner in Somalia

“I will not downplay the importance of Acasus in this whole thing. They also used to challenge us, and they used to provide an external eye to this project.”

—Local IP in Somalia

Monitoring improved verification that vaccination services reached intended communities and informed more effective microplanning.

- In Afghanistan’s Southern Region, outreach monitoring significantly expanded service reach; visits to priority communities rose from 31 to 58 percent between 2022 and 2024, alongside a 25 percent increase in the number of children vaccinated during outreach sessions.
- In Somalia, monitoring of mobile health camp visits improved outreach planning and coverage. By June 2024, 58 percent of visited villages had been reached at least five times in five months—ensuring access to the full immunization schedule.

LESSON 2

An important innovation was the collection of timely service delivery and community-level data in humanitarian settings to enable program adaptations and more timely resolution of operational bottlenecks.

Afghanistan, Somalia

STRENGTH OF EVIDENCE: **STRONG**

CONTEXT

Across countries, respondents noted that immunization data reported in DHIS2 were insufficient for managing immunization program performance. Facilities may overreport vaccinations, and inaccurate denominator estimates can result in implausibly high or low coverage rates (e.g., >100 percent). In addition, data are typically aggregated across facilities, geographic units, and IPs and reported monthly, limiting the ability of program managers to isolate performance by program or location and make informed, data-driven decisions.

FINDINGS

IPs and EPI managers highlighted the value of service delivery data in providing more timely and granular insights compared to monthly reporting in DHIS2 by health facilities.

“One of the real benefits of the Acasus system was the real-time data access. Two, it’s easier to analyze. If you go to the [Acasus] dashboard, you don’t necessarily rely 100 percent on what has been provided in the field.”—Local IP in Somalia

Data collected by supervisors on operational factors—such as vaccine availability, staff presence, cold chain functionality, and outreach vaccination logistics—provided actionable insights into the drivers of poor vaccination performance.

“The kind of data we collect, it’s not the kind of data which NGOs usually report. For instance, we don’t look into how many kids are vaccinated every day. Instead, we look for the drivers of the coverage, like what makes more kids to be vaccinated? We look into things like vaccinator availability, whether vaccines are available. Is the fridge functional? Do they have a motorbike? Do they have enough fuel to conduct outreach? Do they have a plan to identify and reach all communities?”
—Technical partner in Afghanistan

In Somalia, prior to Acasus’s exit, respondents highlighted community-level data on client satisfaction and demand drivers as the most valuable insights for tailoring program approaches, building trust, and securing community buy-in among underserved populations—key to the FARID model’s success.

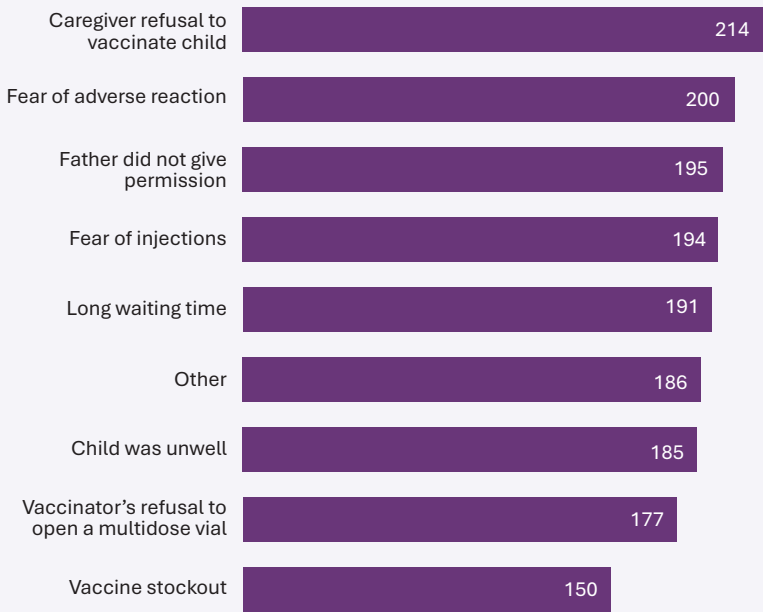
“So far, what we have observed is that DHIS2 only gathers administrative data and outputs. [With Acasus], we have been able to get information on demand-side barriers, such as gender norms, access, etc. So, there are a lot of granularities in our data with qualitative insights.” —Technical partner in Somalia

“We were not having a lot of clarity. ... how is the behavior? What attitude and perceptions will the community have with this project? What barriers exist to accessing health services? It was critical to have a partner that had that solid background on data analytics to extract those information, do the analysis, and make a presentation. At that point, you can make a decision on any change; the project design could be affected based on whatever data is being collected on the ground.” —IP in Somalia

“One area that I can really talk about very strongly is the community data, especially when Acasus presented the missed opportunities. If we said we were targeting 120 villages for this month, and then when the data were presented, it says this month we have reached 90 villages. So the question was, How did we miss to reach those villages? Why do we have operational challenges? Did we not monitor our movement plans as a team?” —IP in Somalia

Community-level survey data from Galad, a community with a high number of unvaccinated children, identified key reasons for missed immunizations, informing more targeted strategies to address vaccine hesitancy.

Source: Acasus quarterly progress report, October 2024.



LESSON 3

The dedicated data partners improved program performance by generating data, institutionalizing review processes, and strengthening partners' capacity to analyze and use the data.

Afghanistan, DRC, Pakistan, Somalia

STRENGTH OF EVIDENCE: **STRONG**

FINDINGS

A strong field presence enabled hands-on coaching by the data partner, strengthening data-use capacity and enabling vaccinators, facility staff, and EPI managers to improve service delivery (Afghanistan, Somalia, Pakistan).

In Afghanistan, Acasus teams spent 60 to 70 percent of their time working with national and provincial EPI teams to interpret data, provide problem-solving support, and facilitate data use through regular review meetings, peer coordination (e.g., WhatsApp groups), and joint facility visits. This hands-on adaptive learning support drove key improvements in EPI service delivery, with performance indicators increasing, on average, from 82 to 92 percent between 2021 and 2024.

Having a dedicated and independent data partner to scrutinize the data and point out problems to the responsible IP held them accountable for addressing operational issues (Afghanistan, Somalia).

In Somalia, IPs triangulated Acasus data with reports from local implementing NGOs to verify and address inconsistencies in self-reported data. Data generated by an independent data partner were also perceived as more reliable.

“When someone is managing his or her own data, the data might be manipulated or the quality might not be that much controlled. It also gives us the chance to compare between these two platforms, our own data systems, and then their data systems. And then, if there's any discrepancy, we notify them.”

—Local IP in Somalia

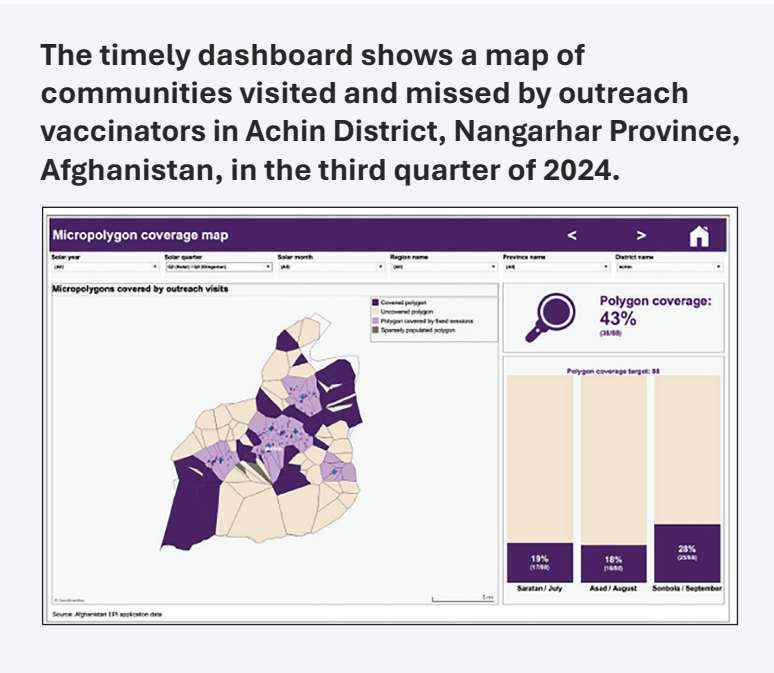
“Before [having a data partner], the accountability was not systematic because less people had the accessibility to do health facility monitoring. After they [Acasus] become in charge for this remote monitoring, those inaccessible health facility become in the system. So, the accountability is increased across the inaccessible areas as well.”

—Technical partner in Afghanistan

Performance management routines, such as data review meetings, provided critical forums for stakeholders to review data regularly, enabling analysis, dialogue, and collective decision-making (Afghanistan, DRC, Somalia, Pakistan).

In Pakistan, data partners (Impetus and Acasus) developed “data packs”—comprehensive, vaccinator-level summaries of key indicators—that were reviewed and discussed during data review meetings to inform action. This approach represented a significant improvement over previous data use and review practices.

“The biggest success that we had with them [Acasus] was the periodic review meetings where we used to discuss the data. The dashboard was very easy to visualize data and easy to analyze data. To me, the dashboard plus the review meetings really improved the quality of data for this project.”
—Local IP in Somalia



“Before the implementation of the MoU, data analysis, interpretation, and use were limited by the limited availability of technical assistance and limited skills among Provincial Health Division managers. Today, thanks to partner support and better structured monitoring, analytical capacity has significantly improved, enabling more informed decision-making based on reliable data.”

—Tanganyika Province government actor in the DRC

“I think having a dedicated person working on this activity, they [Acasus] always track the progress and the challenges and how to take action. This helps the implementers to find a way for improvement of the quality of the health services.”
—IP in Afghanistan

“Prior to using data packs, we were mostly concerned about maintaining the dropout rate and increasing the coverage of Penta [pentavalent vaccine]—basically only focusing on those antigens that contribute to our category and overlooking the ones that don’t contribute to our category. However, through the data packs and review routines, we realized that we should focus on every antigen and ensure that the coverage of every antigen is above 80 percent.”
—IP field monitors, Sindh

LESSON 4

Developing data systems outside government structures, especially in humanitarian settings beyond government control, led to data ownership challenges as government engagement increased.

Afghanistan, DRC, Somalia

STRENGTH OF EVIDENCE: **STRONG**

CONTEXT

In settings where the Gates Foundation supported humanitarian actors to fill service delivery gaps (Afghanistan and Somalia), data systems were designed primarily to meet project monitoring needs, generating data in areas beyond the reach of national systems or where visibility into program-specific performance was limited. In the DRC, the Gestion PEV system was designed to complement the national HMIS. Across contexts, these systems were built on proprietary platforms managed by the data partner (Acasus) and were not interoperable with the national HMIS.

FINDINGS

In Afghanistan, the partner-supported monitoring system scaled from an initial 100 primary health care facilities toward near-national coverage, prompting discussions around data ownership and sustainability.

“The main issue that I have observed at the national level is interferences. Everyone will ask you what is your main objective, and then they will find some weaknesses. There were some weaknesses within the EPI system, which made Acasus pause for some time.”

—Technical partner in Afghanistan

“Things keep changing, and it’s a very fluid situation. There are a lot of various kinds of restrictions around the data—for instance, how it should be collected, how it should be used. For every step, you need to have permission. Those are limiting the operational environment.”

—Technical partner in Afghanistan

“Back in 2019, the government was aware, but back then, under the previous regime, partners had more room to do things without seeking approval every step of the way. Now we need every step of the way to be coordinated. The government has access [to the data], but they want to control everything and be the sole owner.”

—Technical partner in Afghanistan

In Somalia, as government engagement increased, concerns about data ownership and the sustainability of parallel systems emerged, prompting efforts to integrate the FARID data system into the national DHIS2.

“If we don’t involve them [the government, at ideation stage] and they get involved midway, they can bring a lot of headaches. They used to say that the data belongs to the government. Then you have a partner that has the data. And then the question they were asking us is, When you are having your internal discussions with your partners, don’t involve us.” —IP in Somalia

“The challenge was the national MOH [Ministry of Health] teams. The HMIS teams had ownership issues. They complained that this is a duplicate kind of data.” —IP in Somalia

In the DRC, the performance monitoring system was co-developed with the national EPI, but reliance on an externally managed platform raised concerns about provincial data ownership and long-term technical and financial sustainability.

- **DRC stakeholders raised concerns about the sustainability and ownership of the Gestion PEV platform**, including the technical and financial resources required for government adoption (e.g., system maintenance, server capacity, and device replacement), as well as limited access to raw data, which reinforced dependence on partners for generating monthly performance scorecards.
- Efforts are currently underway to transition Gestion PEV and integrate the system into DHIS2 Tracker.

“Because of Acasus, we have the data in real time. When the information system is no longer there, the provinces with the MoU risk collapsing. That’s already a concern that Acasus will disengage. It would be better for the partner to accompany us while we are reorganizing and putting strategies in place.”

—Government actor in Haut Lomami Province, DRC

“The experience with Acasus does not call into question the use of DHIS2, as the two platforms are complementary. However, the experience gained with Gestion PEV could inspire improvements in the use of DHIS2, particularly in terms of visualization, rapid analysis, and decision-making.”

—Government actor in Tanganyika Province, DRC

LESSON 4

Monitoring systems are most effective when embedded within existing routines, implemented by trusted local actors, and supported by structures that promote constructive use of data for problem-solving rather than punitive accountability.

Afghanistan, DRC, Pakistan, Somalia

STRENGTH OF EVIDENCE: **STRONG**

Embedding data collection within existing routines and relying on health system actors, rather than external contractors, improves community acceptance, supports the adoption of new data collection practices, and is important for long-term sustainability (Afghanistan, DRC, Pakistan).

In Afghanistan, EPI supervisors collect data during routine supportive supervision visits, with data collectors drawn from government staff or community members hired by implementing NGO partners, facilitating trust and access.

In Pakistan, TKF was engaged in Sindh to address supervision gaps and was deployed to collect information from new facilities established in high-risk areas to increase vaccine uptake. This was intended as a gap-filling measure, but in the absence of regular supportive supervision, primary responsibility continued to rest with the data partner—a challenge for sustainability. In contrast, Acasus supported the build-out of provincial monitoring units in Balochistan and KP, building on existing efforts. Here, the absence of regular processes for routine review, follow-up, and accountability meant that issue identification and corrective action remained ad hoc rather than embedded in structured supervision. **Despite their different approaches, both cases point to a common constraint: gaps stemming from challenges in maintaining a regular supervision process.**

“It would be a problem if [actors outside of the community were] using tools to collect data and going to communities, but the approach of how you do it matters. Acasus doesn’t go themselves to collect data. It’s the people from within the communities who have worked for 5 to 10 years and are trusted. Vaccinators use the tools, but everyone knows the vaccinators, so who collects the data is the defining factor about whether you will get into trouble or not.”

—Technical partner in Afghanistan

Monitoring systems that use performance data primarily for punitive purposes or service verification were less effective in fostering a positive culture of data use compared with systems that emphasize constructive, learning-oriented approaches for problem-solving.

In Pakistan, punitive use of data undermined data integrity and limited its use for improvement. Data were primarily used for enforcement rather than learning. Issues escalated to higher levels were often met with punitive actions—contract terminations, salary withholding, and pay reductions—which likely contributed to data falsification. This is reflected in implausible coverage spikes (e.g., exceeding 100 percent) and inconsistencies between reported coverage and vaccine availability.

In Afghanistan, NGO IPs contrasted RISP-supported data systems with third-party monitoring used in other donor-funded projects (e.g., the World Bank). They reported that the term “third-party monitoring”—primarily focused on service verification and often linked to performance-based financing—can create challenges, including perceptions of punitive external oversight, limited trust in monitor capacity, and increased politicization due to its ties to payments.

“Third-party monitoring is an independent party. They receive a contract from the donors and verify the data and quality of the services. The third-party monitoring and data are always used for punishment of NGOs and cutting off some budget and also punishment of health staff. The data monitoring reports are never used to improve the quality of health services.”

—IP in Afghanistan

In the DRC, performance scores were used to rank provinces and health zones and were tied to the payment of performance-based bonuses, which created risks for data credibility and the quality of supervision.

The prominence of the rankings created incentives to inflate performance metrics. Respondents described shifts in behavior, including supervisors prioritizing indicator collection over supportive coaching and problem-solving intended to translate supervision into better service delivery. Others reported work-arounds to meet supervision targets, leading some to question the reliability of the data.

“Staff are motivated. There is competition and a desire to maintain the top position, especially for high-performing health areas.”

—Government actor in Haut Lomami Province, DRC

“The pressure linked to rewards, particularly performance bonuses, can lead to data manipulation, affecting their reliability and the quality of the decisions based on them.”

—Government actor in Lualaba Province, DRC

CONSIDERATIONS

- **Reframe RISP investments as performance management systems.** The Gates Foundation should position RISP investments as strengthening performance management, since these investments align with approaches that enable frontline workers and service delivery actors to use data to inform decisions and improve performance. In settings with security and access constraints, where most partners operate through local IPs, those IPs should retain responsibility for owning and leading the analysis of their own data—though this may require some level of oversight, including independent or third-party monitoring.
- **Invest in timely, actionable, and complementary data.** Donors should support data partners that generate timely, granular, and actionable data that complement—or fill gaps in—the existing HMIS. Where the government HMIS is functional, these efforts should avoid duplicating data already captured and engage governments early to align on data ownership and system sustainability. This requires a clear vision for how new data streams fit within existing systems or a defined process for integrating and triangulating data. Several data types have emerged as particularly valuable complements, including monitoring of outreach activities to verify coverage and identify geographic gaps and community feedback mechanisms that provide a pulse on demand-side challenges as vaccine interest wanes and dropout rates rise.
- **Codesign data systems with end users and strengthen capacity for sustained use.** Data partners should co-develop data systems with intended end users from the outset. Developing clear use cases early can demonstrate how systems will address contextual challenges and help elicit user feedback to refine the approach. Drawing on human-centered design principles and developing minimum viable products allow for iterative refinement while ensuring systems are both practical and effective. End user engagement and capacity strengthening should be embedded throughout implementation, including hands-on coaching, collaborative data review, and peer mentoring to support consistent data use.
- **Strengthen supervision systems to be driven by data use.** Immunization programs should strengthen supervision processes to be meaningfully driven by routine data, benchmarking, and targeted mentoring. This requires moving beyond periodic review meetings toward more continuous data review and validation and toward need-based facility visits that respond to emerging issues rather than fixed-interval supervision. Where feasible, data collection should be embedded within supervision systems rather than run through parallel external processes, recognizing that this depends on having a functional supervision structure in place.
- **Plan early for sustainability and transition.** Data partners should develop sustainability and transition plans from the outset, with a focus on institutionalizing data processes, tools, and capacity within government and partner systems. This includes aligning with national systems, building local ownership, and supporting the behaviors and structures needed to sustain data use over time.

FUTURE LEARNING

- *Institutionalize data-driven supervision. What conditions enable national and subnational immunization programs to adopt regular, data-driven supervision processes? Where has the shift from ad hoc to institutionalized supervision occurred in practice, including transitions from fixed, time-based supervision to need-based facility visits?*
- *Define and achieve sustainable transition. What does the successful handover of data functions from partners to the government look like in practice? What triggers transition, how long does it take, and under what conditions can partners step back without compromising coverage or data quality?*
- *Translate data frequency into data use. Where have investments in more frequent, near-real-time data led to measurable changes in frontline decision-making and action, rather than generated additional data that went unused? What factors distinguish effective use from underutilization?*
- *Assess the impact of codesign on uptake and sustainability. To what extent do codesign approaches—such as defining how data and indicators will be used in decision-making, developing minimum viable products, and applying human-centered design—result in data systems that are more widely used and sustained over time compared with systems developed without end user engagement?*



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